

## City of Fitchburg Community Action Request (CAR) Form

Return form to: William Balke
Fitchburg City Hall – Public Works
5520 Lacy Road
Fitchburg, WI 53711

Con	tact Name	Date	
Day	/Message Phone #	Address	
E-m	ail address		
Please indicate tra	ffic issues that concern resid	lents in your neighborhood:	
1 0		G Collisions G Increased	
Please describe w	nat you would consider as th	e boundaries of the affected a	rea.
		ood or a specific area? Is there	
•	•	ons that represent your area?	· •

The petition below must be completed prior to submitting this form. A minimum of 50% of the households in the affected area must sign this petition. Each of the residents signing this petition must be at least 18 years of age and from separate households within the affected area. Contact Public Works at 270-4260 for assistance in identifying the boundaries of the affected area. By signing, the residents below are requesting that this neighborhood be included in the Neighborhood Traffic Management Process.

	Signature	Printed Name	Address	Phone No. (optional)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Requests will be handled on a first-come, first-serve basis.				